

Health Technology Clinical Committee

Date: May 18, 2012

Time: 8:00 am – 4:30 pm

Location: SeaTac Airport Conference Center

Adopted: September 21, 2012

Meeting materials and transcript are available on the HTA website at:

http://hta.hca.wa.gov/past_materials.html

HTCC MINUTES

Members Present: C. Craig Blackmore MD, MPH; Marie-Annette Brown PhD, RN; Joann Elmore, MD MPH; David McCulloch, MD; Carson E. Odegard DC, MPH; Richard C. Phillips MD, MS, MPH; Seth Schwartz MD, MPH; Michelle Simon PhD, ND; Christopher Standaert, MD; Kevin Walsh MD

Members Absent: Michael Souter MB, Ch-B, DA

HTCC FORMAL ACTION

- 1. Call to Order:** Dr. Blackmore, Chair, called the meeting to order. Sufficient members were present to constitute a quorum.
- 2. March 16th Meeting Minutes:** Chair referred members to the draft minutes; motion to approve and second, and adopted by the committee.
 - ✓ *Action: Eight committee members approved the March 16, 2012 meeting minutes. Two members abstained.*
- 3. Sleep Apnea Draft Findings & Decision:** Chair referred members to the draft findings and decision and called for further discussion or objection.

The Sleep Apnea Draft Findings & Decision was approved and adopted by the committee.

 - ✓ *Action: Seven committee members approved the Sleep Apnea Findings & Decision document. Three members abstained.*
- 4. Bone Morphogenetic Protein Draft Findings & Decision:** Chair referred members to the draft findings and decision and called for further discussion or objection.

The Bone Morphogenetic Protein Draft Findings & Decision was approved and adopted by the committee.

 - ✓ *Action: Eight committee members approved the Bone Morphogenetic Protein document. Two members abstained.*

Final

5. Upper Endoscopy for GERD and GI Symptoms:

Scheduled and Open Public Comment :

The Chair called for public comments.

- Scheduled Public Comments: No stakeholders scheduled time for public comments.
- Open Public Comments: No stakeholders presented public comments on the final report.

Agency Utilization and Outcomes:

Steve Hammond MD, PhD, Chief Medical Officer, Department of Corrections, presented the state agency utilization rates and outcomes for Upper Endoscopy to the committee. The full presentation is published with [May 18 meeting materials](#).

Vendor Report and HTCC Q & A:

The Chair introduced the clinical expert, Drew Schembre MD, chief and co-founder of the Swedish Gastroenterology/Swedish Center for Digestive Health.

Robin Liu MD, MPH of the Center for Evidence-based Policy, Oregon Health and Science University, presented the evidence review addressing Upper Endoscopy for GERD and GI Symptoms. The full presentation is published with [May 18 meeting materials](#).

Committee Discussion and Decision

The HTCC reviewed and considered the Upper Endoscopy technology assessment report and information provided by the state agencies. They also heard comments from the evidence reviewer, the clinical expert and agency medical directors. The committee considered all the evidence and gave greatest weight to the evidence it determined, based on objective factors, to be the most valid and reliable.

HTCC Committee Coverage Determination Vote			
	Not covered	Covered Unconditionally	Covered Under Certain Conditions
Upper Endoscopy for GERD and GI Symptoms	0	1	9

- *Discussion:* The Chair called for discussion of conditions of coverage for Upper Endoscopy following the majority voting for coverage. The following conditions were discussed and approved by a majority of the clinical committee:
- *Limitations of Coverage:* Upper Endoscopy for GERD and GI Symptoms is a covered benefit when the following conditions are met:
 - Failure of adequate trial of medical treatment to improve or resolve symptoms (recurrence of symptoms after initial treatment indicates treatment failure).

Final

- Presence of alarm symptoms

The committee reviewed the existing Medicare national coverage decision. The Chair noted the decision was not dated and that committee did not agree with it and that the Committee had completed a comprehensive review of the evidence.

6. Robotic Assisted Surgery (RAS):

Scheduled and Open Public Comment:

The Chair called for public comments.

- Scheduled Public Comments: Eight stakeholders scheduled time for public comments.
 - Kathryn Barry MPH, MSN, RN Health Policy Consultant for Intuitive Surgical.
 - Mark Shellmyer MD, provided information for Douglas Sutherland MD, who was unable to attend the HTCC meeting.
 - Chirag Shah MD, MPH Clinical Assistant Professor, University of Washington Medical Center.
 - James Porter MD, Director, Robotic Surgery, Swedish Medical Center.
 - Myriam Curet MD, FACS Chief Medical Adviser for Intuitive Surgical.
 - John Lenihan Jr. MD, Medical Director of Robotics and Minimally Invasive Surgery, Multicare Health Systems.
 - Ray Jarris Jr. MD.
 - Leland Siwek MD, Northwest Heart & Lung Surgical Associates, Providence Sacred Heart Medical Center & Children's Hospital.
- Open Public Comments: Two individuals provided comments during the open portion of the public comment period.
 - Eric Lehr MD, PhD, FRCSC Cardiac Surgery, Swedish Medical Center.
 - Katherine Williams, Multicare.
 - Mary Rance.

Agency Utilization and Outcomes:

Kerilyn Nobuhara MD, MHA, Health Care Authority, presented to the committee state agency utilization and outcome data for RAS. The agency presentation is published with the [May 18 meeting materials](#).

Vendor Report and HTCC Q & A:

The Chair introduced clinical expert, James La Rochelle MD, Assistant Professor, Department of Surgery, Division of Urology, Oregon Health and Sciences University.

Final

Ken Gleitsmann MD, MPH and Valerie King MD, MPH both of the Center for Evidence-based Policy, Oregon Health and Science University, presented an overview of their evidence report on RAS. The evidence report presentation is published with the [May 18 meeting materials](#).

Committee Discussion and Decision:

HTCC reviewed and considered the RAS technology assessment report; information provided by the Administrator; and state agencies. They also heard comments from the evidence reviewer, HTA program, the clinical expert, the public and agency medical directors. The committee considered all the evidence and gave greatest weight to the evidence it determined, based on objective factors, to be the most valid and reliable.

HTCC Committee Coverage Determination Vote			
	Not covered	Covered Unconditionally	Covered Under Certain Conditions
Robotic Assisted Surgery	0	0	10

- *Discussion:* The Chair called for discussion of conditions of coverage for RAS following the majority voting for coverage. The following conditions were discussed and approved by a majority of the clinical committee.
- *Limitations of Coverage:* Robotic Assisted Surgery is a covered benefit when the following conditions are met:
 - No additional payment for use of RAS beyond that for the underlying procedure is currently indicated.
 - Agencies may require (billing) providers to clearly identify when RAS is used in order to track utilization and outcome.
- ✓ *Action:* The committee chair directed HTA staff to prepare a *Findings and Coverage Decision document on Robotic Assisted Surgery* reflective of the determination.

The committee reviewed the clinical guidelines and checked for the availability of a Medicare decision. The Centers for Medicare and Medicaid Services have no published national coverage determinations (NCD) for robotic assisted surgery.

7. The Chair called for further comments. Meeting adjourned.

Final